



STATE OF IOWA
MASTER AGREEMENT
 Contract Declaration and Execution

EFFECTIVE BEGIN DATE: 01-01-2009
 EXPIRATION DATE: 12-31-2009
 PAGE: 1 of 3

VENDOR: *Nat. Heart Lung Blood Institute*

American Inst for Resear
 PO Box 30105

Bethesda, MD 20824-0105
 USA

VENDOR CONTACT:

Donna Liggett

PHONE: 240-629-3245

EMAIL: dliggett@air.org

EXT:

ISSUER:

JEANETTE CHUPP

PHONE: 515-281-6288

EMAIL: Jeanette.Chupp@iowa.gov

FOB FOB Dest, Freight Prepaid

Contract For: Publications for Health Education

The parties agree to comply with the terms and conditions on the following attachments which are by this reference made a part of the Agreement.

Attachment 1: General Terms and Conditions for goods contracts posted at web-site:

http://das.gse.iowa.gov/terms_goods.pdf

Attachment 2: Contractor's Resopnse to Competitive Bid 0709588004 of October 13, 2008, on file with the Iowa Dept. of Administrative Services, General Services Enterprise.

Health Education Resources and Publications...

- Review the Information (attached) or request a current catalog
- Products available at published pricing, or at quantity discounts upon pre-authorization
- Payment Type Preferred: MasterCard Procurement Card
- Payment Terms: Net 30 days
- FOB: Ship Point (Shipping/Handling Charges invoiced) per the attached order form
- Minimum Order Requirement: \$40.00
- Returns (shipped in error or damaged in shipment) may be returned when pre-authorized. Customer is responsible for freight charges on all return shipments.

Customer Service Contact: Donna Liggett

-- Phone: 240-629-3245 or FAX 240-629-3246

-- E-Mail: dliggett@air.org

RENEWAL OPTIONS

FROM 01-01-2010 TO 12-31-2010

FROM 01-01-2011 TO 12-31-2011

FROM 01-01-2012 TO 12-31-2012

FROM 01-01-2013 TO 12-31-2013

AUTHORIZED DEPARTMENT

ALL

IN WITNESS WHEREOF, this Agreement has been executed by the parties hereto.

CONTRACTOR		STATE OF IOWA	
CONTRACTOR'S NAME (If other than an individual, state whether a corp., partnership, etc.) <i>Amer. Inst. for Resear / dba NHLBIHC</i>		AGENCY NAME <i>Iowa Dept. of Administrative Services</i>	
BY (Authorized Signature) <i>Donna Liggett</i>	Date Signed <i>12/31/08</i>	BY (Authorized Signature) <i>Jeanette Chupp</i>	Date Signed <i>Dec. 31, 2008</i>
Printed Name and Title of Person Signing <i>DONNA LIGGETT - COST RECOVERY ANALYST</i>		Printed Name and Title of Person Signing <i>Jeanette Chupp</i>	
Address <i>PO Box 30105 Bethesda MD 20824-0105</i>		Address <i>1305 E. Walnut, Des Moines, Iowa</i>	



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LINE NO.	QUANTITY / SERVICE DATES	UNIT	COMMODITY / DESCRIPTION	UNIT COST / PRICE OF SERVICE
1	0.00000	715		\$0.000000
				\$0.000000
			PUBLICATIONS, AUDIOVISUAL MATERIALS, BOOKS, TEXTBOOKS (PRE	
			Health Education Materials	
			(Minimum Order: \$40.00)	
2	0.00000	96286		\$0.000000
				\$0.000000
			Transportation of Goods and Other Freight Services	
			Shipping and Handling Charges per Order Form.	



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TERMS AND CONDITIONS

Terms & Conditions Goods

The parties agree to comply with the terms and conditions on the following web site which are by this reference made a part of the Agreement.

General Terms and Conditions for goods contracts are posted at: http://das.gse.iowa.gov/terms_goods.pdf

Attachment # 1, RFB 0709588004 Bid Form

Specify the discount offered for State Orders: _____ Percent discount
varies by product, quantity ordered - Call for pricing

Specify the Catalog/Price List from which your discount is offered:

Catalog or Price List Name: _____ *Current Publication*

Catalog or Price List Publication Date: _____

Attn: Two (2) copies of your catalog or price list must be returned with your bid package. If you are offering a discount from your web-site in lieu of a Catalog, specify the web-site address: http:// _____

Payment is required by (check one): _____ Paper Check

☒ MasterCard Procurement Card, at the time of order

_____ MasterCard Procurement Card, after receipt of materials and invoice

_____ Electronic Funds Transfer (per the Vendor Form included herein)

Payment Terms (check one): ☒ Net 30 Days; _____ Net 60 Days; _____ Other: _____

Freight Terms shall be (check one):

_____ FOB Destination, Freight Prepaid (no freight charges invoiced)

_____ FOB Destination, Freight Collect (actual UPS freight charges invoiced)

☒ FOB Ship Point (actual UPS freight charges shall be added to invoice).

Customer Service shall be provided by:

Name: *DONNA LIGGETT*, Phone: *240 629 3245*

E-Mail Address: *dliggett@air.org* FAX: *240 629 3246*

Return of publications shipped in error, or received in a damaged condition shall be pre-authorized by customer service and returned at no-charge. Return of publications ordered in error shall be pre-authorized by customer service and invoiced a _____ percent re-stocking fee, or *full return minus shipping*

Minimum Order requirement (check one and complete):

_____ No Minimum Order requirements shall apply. *\$40.00*

☒ A minimum order is required as specified: _____

Products offered herein contain _____ % Reclaimed/Recycled Material

Authorizing Signature: *Donna Liggett*, Printed Name: *DONNA LIGGETT*

Company Name/Address: *National Heart, Lung + Blood Institute*
PO Box 30105 Bethesda MD 20824-0105



Four easy ways to order:

- 1. Order online** at www.nhlbi.nih.gov or <http://email.nhlbi.nih.net>
- 2. Phone:** 301-592-8573; **TTY:** 240-629-3255
(Please have your credit card ready.)
- 3. Fill out and fax this order form to:** 301-592-8563
(Please include your credit card information.)

4. **Fill out and mail this order form** (with either your credit card information or a check made payable to **NHLBI Health Information Center**) to:

Print Catalog Orders
NHLBI Health Information Center
P.O. Box 30105
Bethesda, MD 20824-0105

[illegible]

All orders sent by First Class Mail or United Parcel Service

Value of Order	Shipping and Handling Charge
\$0-\$1.25	\$0.99
\$1.26-\$3	\$1.67
\$3.01-\$8	\$4.45
\$8.01-\$25	\$6.80
\$25.01-\$50	\$9.92
\$50.01-\$100	\$12.18
\$100.01-\$200	\$17.89
\$200.01-\$300	\$30.97
\$300.01+	Call the Health Information Center

For orders outside the United States or to request an alternate method of shipping, contact the NHLBI Health Information Center.

The NHLBI Health Information Center accepts purchase orders greater than \$30 (from organizations only) by mail or fax.

Name (please print)

Address

City

State

ZIP

Telephone

E-mail

Subtotal

Shipping and Handling
(from box at left)

TOTAL DUE

Please indicate your method of payment.

☐ Check enclosed made payable to NHLBI Health Information Center.☐ Charge my VISA account.☐ Charge my MasterCard account.[illegible]

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Expiration Date

Signature _____

**Your satisfaction is important to us.
If you have any problems with your order,
call the NHLBI Health Information Center:
301-592-8573.**

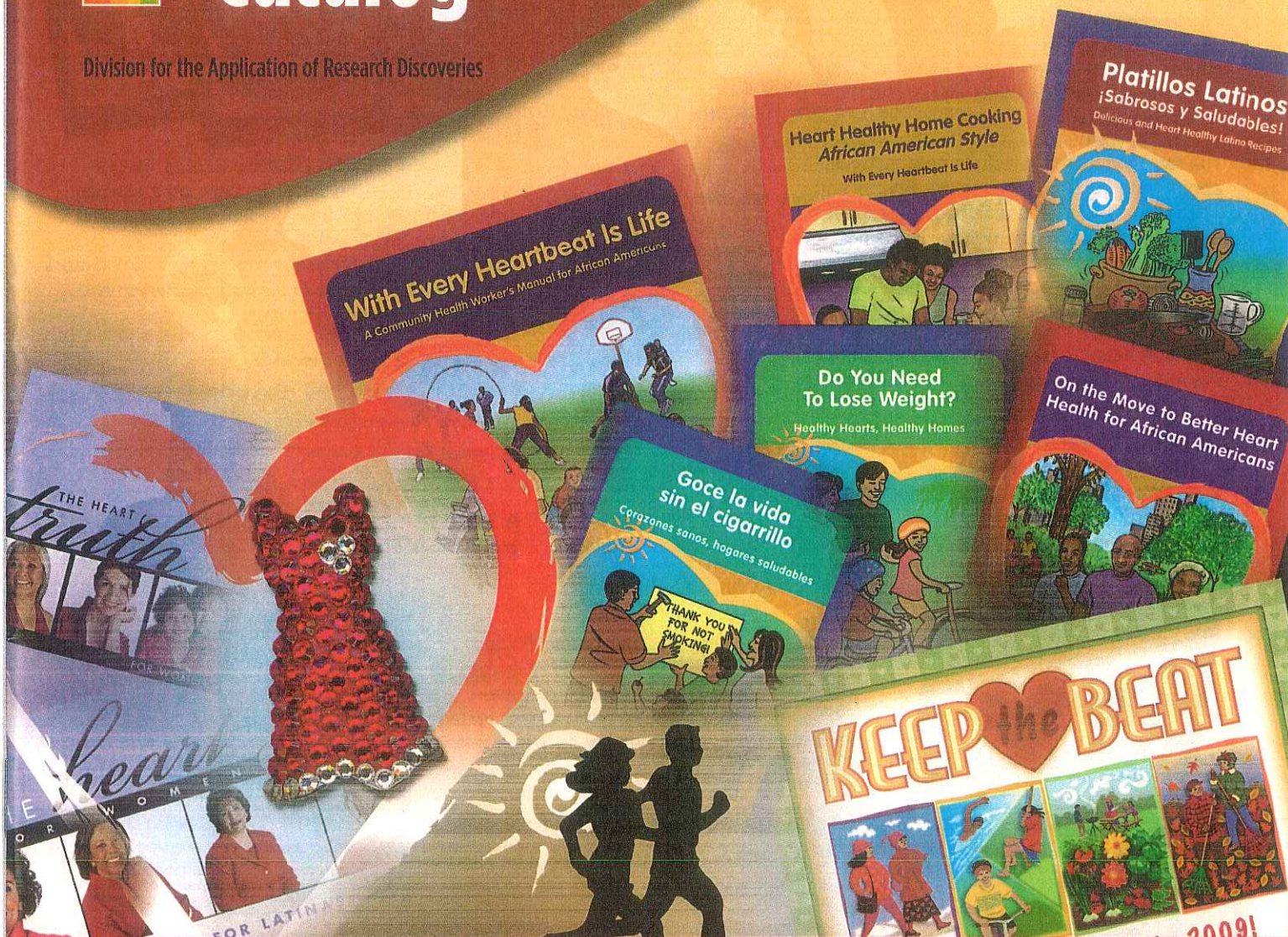
To order, call our Health Information Center at 301-592-8573 or visit our Web site at www.nhlbi.nih.gov or <http://email.nhlbi.nih.net>, where materials are also available for download free of charge.



National Heart, Lung, and Blood Institute

Educational Materials Catalog

Division for the Application of Research Discoveries



U.S. Department of Health and Human Services
National Institutes of Health
National Heart, Lung, and Blood Institute

To order:
www.nhlbi.nih.gov or <http://email.nhlbihin.net>
301-592-8573



U.S. Department of Health & Human Services

www.hhs.gov



National Heart Lung and Blood Institute

National Institutes of Health

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Diseases & Conditions Index

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NHLBI Health Information Center

NHLBI Express

FYI from the NHLBI

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Look up a disease or a condition using the A to Z Index or select a topic area.

NHLBI Health Information Publications



Publications



Web Sites, and Web Applications

Heart and Vascular Diseases

- High Blood Pressure
- Cholesterol
- Heart Attack
- Other Heart Diseases
- Obesity and Physical Activity

Lung Diseases

- Asthma
- COPD/Emphysema
- Other Lung

Sleep Disorders

- Sleep Apnea
- Restless Legs Syndrome (RLS)
- Narcolepsy
- Other Sleep

Blood Diseases

- Anemia
- Deep Vein Thrombosis
- Other Blood Diseases

Recipe Collections

- Stay Young at Heart Recipe Collection
- The DASH Eating Plan
- Heart-Healthy Latino Recipes
- Heart-Healthy Home Cooking African American Style
- Keep the Beat: Heart Healthy Recipes

Selected Audiences

- African Americans
- Asian Americans and Pacific Islanders
- Children/Parents/Teachers
- Latinos
- Native Americans/Alaska Natives
- Women

NHLBI Health Publications

- List of all **publications**
- Online Catalog: Order printed copies of publications

Text Size: 6 s C M O L

Search

Wednesday, December 31, 2008

News/Events

- Latest NHLBI Press Releases
- NHLBI Calendar of Events

Related Links

- **Information for Health Professionals**
- NHLBI National Education Programs and Initiatives

Featured

High Blood Cholesterol: What you need to know

High blood cholesterol is a major risk factor for heart disease and stroke. This graphic explains the importance of understanding your cholesterol levels and taking steps to manage them.

High Blood Cholesterol--What You Need to Know



National Heart Lung and Blood Institute
National Institutes of Health

Text Size: ☐ S ☐ M ☐ L

Public	Health Professionals	Networks	Funding & Research	Clinical Trials	Training & Careers	Researchers	Educational Campaigns	News & Events	About NHLBI	Contact Us
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Wednesday, December 31, 2008

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and Requests

Media/Press Questions

Institute Policies and
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Health Related Questions and Requests

For all health related questions and requests for copies of publications, please contact a trained information specialist at the
NHLBI Information Center below:

Email: nhlbiinfo@nhlbi.nih.gov

► Please include a **valid return e-mail address** in the body of the message.

Phone: 301 592 8573

TTY: 240 629 3255

Fax: 240 629 3246

Mail: NHLBI Health Information Center

Attention: Web Site

P.O. Box 30105

Bethesda, MD 20824-0105

► If you are requesting health information, please include a **current postal address**, since many resources are available only as printed publications.